




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 04-01-2014 , and ending 03-31-2015		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	D Employer identification number 22-3089640
	Doing business as	E Telephone number (413) 732-2858
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1500 MAIN STREET NO 2300	
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01115	G Gross receipts \$ 30,915,555
	F Name and address of principal officer DANA BARROWS 1500 MAIN STREET NO 2300 SPRINGFIELD, MA 01115	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶	
J Website: ▶ WWW.COMMUNITYFOUNDATION.ORG		
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1991
		M State of legal domicile MA

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities ENRICH REGIONAL QUALITY OF LIFE BY ENCOURAGING PHILANTHROPY AND DEVELOPING AN ENDOWMENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	38,628
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,874,113	8,309,028
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	245,591	274,514
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,608,388	5,148,599
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,670	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,855,762	13,732,141
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,230,039	6,780,884
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,172,724	1,143,521
	b Total fundraising expenses (Part IX, column (D), line 25) <u>401,224</u>	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	0
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	662,202	742,252
	19 Revenue less expenses Subtract line 18 from line 12	9,064,965	8,666,657
		790,797	5,065,484
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	114,293,627	121,300,138
	21 Total liabilities (Part X, line 26)	9,503,049	10,534,008
	22 Net assets or fund balances Subtract line 21 from line 20	104,790,578	110,766,130

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
Sign Here	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2016-02-12</div> <div>Date</div> </div>
	<div>BRUCE HILTUNEN DIRECTOR OF FINANCE</div> <div>Type or print name and title</div>
Paid Preparer Use Only	<div> <div>Print/Type preparer's name</div> <div>HOWARD L CHENEY</div> </div> <div> <div>Preparer's signature</div> <div>HOWARD L CHENEY</div> </div> <div> <div>Date</div> <div>2016-02-12</div> </div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00381206</div> </div>
	<div> <div>Firm's name</div> <div>MEYERS BROTHERS KALICKA PC</div> </div> <div> <div>Firm's EIN</div> <div>04-2713795</div> </div>
	<div> <div>Firm's address</div> <div>330 WHITNEY AVE SUITE 800</div> <div>HOLYOKE, MA 01040</div> </div> <div> <div>Phone no</div> <div>(413) 536-8510</div> </div>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2014)	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ ☒

1

Briefly describe the organization's mission

THE COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS SEEKS TO ENRICH THE QUALITY OF LIFE OF THE PEOPLE OF OUR REGION BY ENCOURAGING PHILANTHROPY, DEVELOPING A PERMANENT, FLEXIBLE ENDOWMENT, ASSESSING AND RESPONDING TO EMERGING AND CHANGING NEEDS, SERVING AS A RESOURCE, CATALYST, AND COORDINATOR FOR CHARITABLE ACTIVITIES, AND PROMOTING EFFICIENCY IN THE MANAGEMENT OF CHARITABLE FUNDS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 5,378,683 including grants of \$ 4,745,391) (Revenue \$ 274,514)

COMPETITIVE GRANT PROGRAM AND DESIGNATED GRANTS ADMINISTERED TO BENEFIT RESIDENTS OF THE THREE COUNTIES SERVED APPROXIMATELY 400 PROJECTS FUNDED THROUGH THIS PROCESS THROUGH DONOR ADVISED GRANTS, APPROXIMATELY 1,100 GRANTS WERE MADE TO PUBLIC CHARITIES

4b

(Code) (Expenses \$ 2,424,863 including grants of \$ 2,035,493) (Revenue \$)

COMMUNITY SCHOLARSHIP PROGRAM PROVIDES A CENTRALIZED APPLICATION PROCESS FOR SCHOLARSHIPS AND LOANS TO BENEFIT RESIDENTS OF WESTERN MASSACHUSETTS AWARDS ARE BASED ON APPLICANTS' FINANCIAL NEED, ACADEMIC MERIT, RESPONSES TO QUESTIONS AND EXTRA CURRICULAR ACTIVITIES IN ACCORDANCE WITH THE TERMS OF THE INDIVIDUAL FUNDS

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)



















4e

Total program service expenses ▶

7,803,546

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	22	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	17	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRUCE HILTUNEN
1500 MAIN ST SUITE 2300
SPRINGFIELD, MA 01115 (413) 732-2858

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRENE RODRIGUEZ MARTIN FOUNDATION TRUSTEE	1 00	X						0	0	0
(2) PETER DABOUL FOUNDATION TRUSTEE	1 00	X						0	0	0
(3) GEORGE ARWADY FOUNDATION TRUSTEE	1 00	X						0	0	0
(4) GEORGE KEADY III FOUNDATION TRUSTEE	1 00	X						0	0	0
(5) RICHARD B STEELE JR FOUNDATION TRUSTEE (THRU OCT'14)	1 00	X						0	0	0
(6) WILLIE HILL JR FOUNDATION TRUSTEE	1 00	X						0	0	0
(7) ROBERT PURA FOUNDATION TRUSTEE	1 00	X						0	0	0
(8) AMY JAMROG FOUNDATION TRUSTEE	1 00	X						0	0	0
(9) DANA R BARROWS VICE-CHAIR	5 00	X		X				0	0	0
(10) RALPH TATE FOUNDATION TRUSTEE	1 00	X						0	0	0
(11) SANFORD BELDEN CHAIRMAN	5 00	X		X				0	0	0
(12) DIANNE FULLER DOHERTY FOUNDATION TRUSTEE	1 00	X						0	0	0
(13) STEVEN MITUS FOUNDATION TRUSTEE	1 00	X						0	0	0
(14) KERRY DIETZ FOUNDATION TRUSTEE	1 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KARIN GEORGE FOUNDATION TRUSTEE	1 00	X						0	0	0
(16) THERESA JENOURE FOUNDATION TRUSTEE	1 00	X						0	0	0
(17) ELLEN BROUT LINDSEY FOUNDATION TRUSTEE	1 00	X						0	0	0
(18) DAVID PINSKY FOUNDATION TRUSTEE	1 00	X						0	0	0
(19) ELIZABETH SILLIN FOUNDATION TRUSTEE	1 00	X						0	0	0
(20) MICHAEL ROLLINGS FOUNDATION TRUSTEE (EFF OCT'14)	1 00	X						0	0	0
(21) MARY-BETH COOPER FOUNDATION TRUSTEE (EFF OCT'14)	1 00	X						0	0	0
(22) KATHARINE ALLAN ZOBEL PRESIDENT	40 00			X				152,364	0	14,620
(23) DONNA ROSEMAN DAVID CHIEF FINANCIAL (THRU OCT '14)	40 00			X				96,230	0	22,317
(24) TAMMY NIGOSIAN INTERIM CFO (OCT'14-JUL '15)	40 00			X				0	0	0
(25) KRISTIN LEUTZ VICE PRESIDENT FOR PHILANTHROPIC SVS	40 00					X		120,541	0	12,340
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								369,135	0	49,277

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶2

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

No

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4

Yes

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BANK OF AMERICA 1 MONARCH PLACE SPRINGFIELD, MA 01115	INVESTMENT MANAGEMENT	176,803

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,309,028			
	g	Noncash contributions included in lines 1a-1f \$		1,440,457			
	h	Total. Add lines 1a-1f		8,309,028			
Program Service Revenue	2a	ADMINISTRATION REVENUE	Business Code 561000	274,514	274,514		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		274,514			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,632,839			1,632,839
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)	3,515,760			3,515,760
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		13,732,141	274,514	0	5,148,599	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,263,221	5,263,221		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,511,663	1,511,663		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,000	6,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	349,292	216,561	48,901	83,830
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	507,823	314,850	71,095	121,878
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,652	45,044	10,171	17,437
9	Other employee benefits	143,753	89,126	20,126	34,501
10	Payroll taxes	70,001	43,401	9,800	16,800
11	Fees for services (non-employees)				
a	Management				
b	Legal	10,143	6,289	1,420	2,434
c	Accounting	79,470	49,271	11,126	19,073
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	205,042		205,042	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,585	29,502	6,662	11,421
12	Advertising and promotion	40,963	25,397	5,735	9,831
13	Office expenses	74,264	45,131	10,733	18,400
14	Information technology	76,229	48,176	10,335	17,718
15	Royalties				
16	Occupancy	92,918	40,884	31,592	20,442
17	Travel	13,023	8,074	1,823	3,126
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,615	38,821	8,766	15,028
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,894	833	644	417
23	Insurance	12,907	5,679	4,388	2,840
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PUBLICATIONS	25,199	15,623	3,528	6,048
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,666,657	7,803,546	461,887	401,224
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		5,639,608	2	5,461,452
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		3,458,586	7	3,558,403
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		27,349	9	37,389
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a147,245			
	b	Less: accumulated depreciation	10b146,540	2,599	10c	705
	11	Investments—publicly traded securities		79,837,670	11	88,723,267
	12	Investments—other securities. See Part IV, line 11.		25,327,815	12	23,518,922
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		114,293,627	16	121,300,138
Liabilities	17	Accounts payable and accrued expenses		30,475	17	64,867
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		9,472,574	25	10,469,141
	26	Total liabilities. Add lines 17 through 25.		9,503,049	26	10,534,008
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		30,624,432	27	30,954,045
	28	Temporarily restricted net assets		69,475,185	28	75,121,124
	29	Permanently restricted net assets		4,690,961	29	4,690,961
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		104,790,578	33	110,766,130
	34	Total liabilities and net assets/fund balances		114,293,627	34	121,300,138

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,732,141
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,666,657
3	Revenue less expenses Subtract line 2 from line 1	3	5,065,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,790,578
5	Net unrealized gains (losses) on investments	5	910,068
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,766,130

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS	Employer identification number 22-3089640
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g


Provide the following information about the supported organization(s)






(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,478,013	4,961,007	8,142,822	8,481,579	8,309,028	36,372,449
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,478,013	4,961,007	8,142,822	8,481,579	8,309,028	36,372,449
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,295,353
6 Public support. Subtract line 5 from line 4						31,077,096

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6,478,013	4,961,007	8,142,822	8,481,579	8,309,028	36,372,449
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,468,016	1,552,887	1,907,108	1,585,129	1,632,839	8,145,979
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						44,518,428
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	69 810 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	76 270 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization 		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number
22-3089640

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	268	
2 Aggregate value of contributions to (during year)	3,916,329	
3 Aggregate value of grants from (during year)	3,833,475	
4 Aggregate value at end of year	32,448,256	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	105,165,485	97,352,569	91,058,799	89,017,519	82,232,660
b Contributions	3,470,197	1,373,450	4,271,777	1,116,620	865,847
c Net investment earnings, gains, and losses	6,596,505	11,421,650	8,112,786	3,544,368	9,972,742
d Grants or scholarships	2,282,123	2,229,252	1,845,416	2,087,606	2,092,286
e Other expenditures for facilities and programs	707,875	2,752,932	4,245,377	532,102	1,961,444
f Administrative expenses					
g End of year balance	112,242,189	105,165,485	97,352,569	91,058,799	89,017,519

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

28 910 %

b

Permanent endowment

4 180 %

c

Temporarily restricted endowment

66 910 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		147,245	146,540	705
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				705

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,642,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	910,068
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	910,068
3	Subtract line 2e from line 1	3	13,732,141
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	13,732,141

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,666,657
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	8,666,657
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	8,666,657

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	ENDOWMENTS ARE USED TO MAKE GRANTS TO NOT FOR PROFIT ORGANIZATIONS FOR PROGRAMS WITHIN THE COUNTIES SERVED BY THE ORGANIZATION AND SCHOLARSHIPS FOR COLLEGE ATTENDANCE FOR STUDENTS
PART X, LINE 2	MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS ENDED ON OR AFTER MARCH 31,2012.
SCHEDULE D, PART V	ENDOWMENT FUNDS FOR PRECEEDING 4 YEARS WERE RESTATED TO AGREE WITH AMOUNTS REPORTED WITH AUDITED FINANCIAL STATEMENTS

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number
22-3089640

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		1,170,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,170,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,170,000

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUDAN RELIEF	6,000	CHECK			
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

1

3

Enter total number of other organizations or entities ▶

0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes

☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTS ONLY MADE TO U S SECTION 501(C)(3) CHARITIES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
22-3089640

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

213

3

Enter total number of other organizations listed in the line 1 table

213

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS PAID TO US EDUCATIONAL INSTITUTIONS	234	1,511,663			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS ARE PAID TO US EDUCATIONAL INSTITUTIONS TO WHICH THE STUDENT IS ATTENDING AND ARE RETURNED BY THE EDUCATIONAL INSTITUTION IF THE STUDENT DOES NOT MAINTAIN HIS OR HER ENROLLMENT GRANTS ARE MADE ONLY TO VERIFIED 501(C)(3) ORGANIZATIONS WITH GRANT REPORTS REQUIRED OF ALL DISCRETIONARY GRANTS

Additional Data

Software ID:
Software Version:
EIN: 22-3089640
Name: COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
15-40 CONNECTION53 OTIS STREET WESTBOROUGH, MA 015819998	26-2873903	501(C)(3)	15,000				GENERAL HEALTH
ACADEMY AT CHARLEMONT1359 ROUTE 2 CHARLEMONT,MA 01339	04-2724993	501(C)(3)	5,000				ARTS & CULTURE
AFRICAN REFUGEES AND VICTIMS RELIEF FUND4028 ADAMS DRIVE SILVER SPRINGS, MD 20902	45-3648844	501(C)(3)	7,500				CIVIL RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS' EPISCOPAL CHURCH7 WOODBRIDGE STREET SOUTH HADLEY,MA 01075	04-2731194	501(C)(3)	7,355				RELIGIOUS/CHURCH
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC - MASSACHUSETTS480 PLEASANT STREET WATERTOWN,MA 024722407		501(C)(3)	10,000				GENERAL HEALTH
AMERICAN CANCER SOCIETY INCNATL OFC PROBATE TRUST MGMT OKLAHOMA CITY,OK 73162	13-1788491	501(C)(3)	11,357				GENERAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INTERNATIONAL COLLEGE 1000 STATE STREET SPRINGFIELD,MA 01109	04-2103701	501(C)(3)	10,000				COLLEGE/UNIV
AMERICAN RED CROSS PIONEER VALLEY CHAPTER 150 BROOKDALE DRIVE SPRINGFIELD,MA 01104	53-0196605	501(C)(3)	7,375				GENERAL HEALTH
AMHERST CINEMA ARTS CENTER INC28 AMITY STREET AMHERST,MA 01002	04-3456950	501(C)(3)	10,200				ARTS & CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST COLLEGE TRUSTEES P O BOX 5000 AMHERST, MA 010025000	04-2103542		7,000				COLLEGE/UNIV
ARISE INC 467 STATE STREET SPRINGFIELD, MA 011015423	04-2914511	501(C)(3)	36,630				COMMUNITY IMPRV
ARMS LIBRARY ASSOCIATION INC 60 BRIDGE STREET SHELburnE FALLS, MA 01370	04-2949510	501(C)(3)	45,000				EDUCATION, ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC-MIDWEST PROVINCE OF THE SCHOOL SISTERS OF NOTRE DAMEVILLA NOTRE DAME WILTON,CT 068973898	20-3875448	501(C)(3)	5,000				RELIGIOUS/CHURCH
BAY PATH UNIVERSITY588 LONGMEADOW STREET LONGMEADOW,MA 01106	04-2103865	501(C)(3)	42,383				COLLEGE/UNIV
BAYSTATE HEALTH FOUNDATION INC280 CHESTNUT STREET 6TH FLOOR SPRINGFIELD,MA 01199	04-3549011	501(C)(3)	51,315				GENERAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENNINGTON COLLEGE CORPORATIONC/O OFFICE OF EXTERNAL RELATIONS BENNINGTON, VT 052016001	03-0179414	501(C)(3)	6,000				COLLEGE/UNIV
BERKSHIRE CHILDREN AND FAMILIES INC480 WEST STREET PITTSFIELD,MA 01201	04-2226238	501(C)(3)	64,120				YOUTH DEVELOPMNT, COMMUNITY IMPRV
BIG BROTHERS-BIG SISTERS ASSOCIATION OF FRANKLIN COUNTY INC16 COURT SQUARE 3RD FLOOR GREENFIELD,MA 01302	04-2491950	501(C)(3)	15,922				YOUTH DEVELOPMNT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE STAR EQUICULTURE 3090 PALMER STREET PALMER, MA 01069	26-4456559	501(C)(3)	20,000				ANIMAL RELATED
BOOTHBAY HARBOR MEMORIAL LIBRARY ASSOCIATION4 OAK STREET BOOTHBAY HARBOR, ME 04538	01-0224627	501(C)(3)	10,000				LIBRARY
BOOTHBAY REGION LAND TRUST137 TOWNSEND AVENUE BOOTHBAY HARBOR, ME 04538	01-0371869	501(C)(3)	50,000				ENVIRONMENTAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON COLLEGE TRUSTEESADVANCEMENT-MORE HALL 220 CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	50,000				COLLEGE/UNIV
BOYS & GIRLS CLUB OF GREATER HOLYOKE INC70 NICK COSMOS WAY HOLYOKE,MA 010416256	04-2103792	501(C)(3)	9,460				YOUTH DEVELOPMNT
BOYS & GIRLS CLUB OF GREATER WESTFIELD INC 28 WEST SILVER STREET WESTFIELD,MA 01086	04-2464259	501(C)(3)	24,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRICK HOUSE COMMUNITY RESOURCE CENTER INC24 THIRD STREET TURNERS FALLS, MA 01376	22-3337776	501(C)(3)	10,000				HUMAN SERVICES
BRIGHTSIDE INCC/O FUND DEVELOPMENT SPRINGFIELD, MA 011029012	04-2182395	501(C)(3)	40,560				HUMAN SERVICES
BUDDHIST CHURCHES OF AMERICA1710 OCTAVIA STREET SAN FRANCISCO, CA 94109	94-1498382	501(C)(3)	5,000				RELIGIOUS/CHURCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUREAU FOR EXCEPTIONAL CHILDREN INC537 NORTHAMPTON STREET HOLYOKE,MA 010411039	23-7228632	501(C)(3)	6,560				YOUTH DEVELOPMNT
CANCER CONNECTION INC 41 LOCUST STREET NORTHAMPTON,MA 01060	04-3493483	501(C)(3)	12,500				GENERAL HEALTH
CATHEDRAL HIGH SCHOOL 260 SURREY ROAD SPRINGFIELD,MA 01118	04-2262360	501(C)(3)	33,850				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HUMAN DEVELOPMENT INC332 BIRNIE AVENUE SPRINGFIELD,MA 01107	04-2503926	501(C)(3)	14,050				HUMAN SERVICES, GENERAL HEALTH
CENTER FOR NEW AMERICANS42 GOTHIC STREET NORTHAMPTON,MA 01060	04-3224215	501(C)(3)	10,000				EDUCATION
CITY OF NORTHAMPTON 210 MAIN STREET NORTHAMPTON,MA 01060	04-6001406	501(C)(3)	8,900				ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAPP MEMORIAL LIBRARY 19 SOUTH MAIN STREET BELCHERTOWN, MA 010070627	04-6068806	501(C)(3)	26,500				LIBRARY
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 010132839	04-2225850	501(C)(3)	10,000				COLLEGE/UNIV
COMMITTEE FOR NORTHAMPTON INC PO BOX 60405 FLORENCE, MA 01062	22-3529750	501(C)(3)	5,000				COMMUNITY IMPRV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION OF THE FRANKLIN HAMPSHIRE & NORTH QUABBIN REGION393 MAIN STREET GREENFIELD,MA 01301	04-2384972	501(C)(3)	86,058				HUMAN SERVICES, COMMUNITY IMPRV , FOOD & NUTRITION
COMMUNITY ADOLESCENT RESOURCE AND EDUCATION CENTER INC 247 CABOT STREET HOLYOKE,MA 01040	04-2962882	501(C)(3)	12,650				HUMAN SERVICES, YOUTH DEVELOPMNT
COMMUNITY LEGAL AID 405 MAIN STREET WORCESTER,MA 01608	04-2446242	501(C)(3)	5,000				LEGAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MUSIC SCHOOL OF SPRINGFIELD INC127 STATE STREET SPRINGFIELD,MA 011031944	22-2501478	501(C)(3)	31,100				ARTS & CULTURE
COMMUNITY UNITED WAY OF PIONEER VALLEY INC 1441 MAIN STREET SPRINGFIELD,MA 01103	04-2152680	501(C)(3)	66,602				HUMAN SERVICES, COMMUNITY IMPRV
COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREENFIELD MA451 MAIN STREET GREENFIELD,MA 01301	04-2149363	501(C)(3)	35,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATIONAL CHURCH OF HOLLAND11 STURBRIDGE ROAD HOLLAND,MA 01521	04-3069643	501(C)(3)	7,200				RELIGIOUS/CHURCH
CONTACT COLLABORATIONS INC221 PINE STREET FLORENCE,MA 01062	11-2498972	501(C)(3)	5,000				ARTS & CULTURE
COOLEY DICKINSON HOSPITAL HEALTH CARE CORP30 LOCUST STREET NORTHAMPTON,MA 01060	04-2103561	501(C)(3)	44,600				GENERAL HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE FUND OF NEW ENGLANDPO BOX 3413 AMHERST, MA 010043413	03-0264092	501(C)(3)	6,600				EDUCATION
CORNELL UNIVERSITY ALUMNI AFFAIRS AND DEVELOPMENT PITTSBURG, PA 152512623	15-0532082	501(C)(3)	5,300				COLLEGE/UNIV
DAKIN PIONEER VALLEY HUMANE SOCIETY INCPO BOX 6307 SPRINGFIELD, MA 01101	20-5318898	501(C)(3)	25,500				ANIMAL RELATED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARTMOUTH-HITCHCOCK MEDICAL CENTEROFFICE OF DEVELOPMENT HINMAN 7070 LEBANON,NH 037560001	22-2715483	501(C)(3)	10,000				GENERAL HEALTH
DIGITAL DIVIDE DATA115 WEST 30TH STREET STE 400 NEWYORK,NY 10001	20-1148452	501(C)(3)	5,000				EDUCATION
DOCTORS WITHOUT BORDERS USA INC333 SEVENTH AVENUE 2ND FLOOR NEWYORK,NY 100015004	13-3433452	501(C)(3)	27,250				GENERAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLE HILL FOUNDATION OF MASSACHUSETTS INC 242 OLD PETERSHAM ROAD HARDWICK,MA 01037	04-2761985	501(C)(3)	26,000				PRIVATE SCHOOL
EARTHDANCE CREATIVE LIVING PROJECT INC252 PROSPECT STREET PLAINFIELD,MA 01070	22-2996411	501(C)(3)	28,500				ARTS & CULTURE
EAST LONGMEADOW SCHOLARSHIP FOUNDATIONPO BOX 66 EAST LONGMEADOW,MA 01028	04-2592638	501(C)(3)	9,900				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTHAMPTON LEARNING FOUNDATIONPO BOX 1100 EASTHAMPTON,MA 01027	04-3324788	501(C)(3)	27,400				EDUCATION
ENCHANTED CIRCLE INC4 OPEN SQUARE WAY STUDIO 206 HOLYOKE,MA 01040	04-2685213	501(C)(3)	8,700				ARTS & CULTURE
EQUAL JUSTICE INITIATIVE OF ALABAMA INC122 COMMERCE STREET MONTGOMERY,AL 36104	63-1135091	501(C)(3)	30,000				CIVIL RIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING HILLS CONGREGATIONAL CHURCH21 NORTH WESTFIELD STREET FEEDING HILLS,MA 01030	04-2311639	501(C)(3)	11,357				RELIGIOUS/CHURCH
FIRST CHURCH OF CHRIST IN LONGMEADOW763 LONGMEADOW STREET LONGMEADOW,MA 01106	04-2104075	501(C)(3)	5,220				RELIGIOUS/CHURCH
FIRST CONGREGATIONAL CHURCH OF NANTUCKET62 CENTRE STREET NANTUCKET,MA 02554	39-0968242	501(C)(3)	5,000				RELIGIOUS/CHURCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CONGREGATIONAL CHURCH OF SOUTH HADLEYONE CHURCH STREET SOUTH HADLEY, MA 01075	04-2115501	501(C)(3)	21,000				RELIGIOUS/CHURCH
FOUR WINDS SCHOOL INC 54 FRENCH KING HIGHWAY GILL, MA 01354	04-3492607	501(C)(3)	25,000				EDUCATION
FRACTURED ATLAS PRODUCTIONS INC248 WEST 35TH STREET 10TH FLOOR NEW YORK, NY 100012505	11-3451703	501(C)(3)	6,800				ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN AREA SURVIVAL CENTER INC96 FOURTH STREET TURNERS FALLS, MA 01376	04-2776526	501(C)(3)	12,000				HUMAN SERVICES
FRANKLIN COUNTY COMMUNITY DEVELOPMENT CORP324 WELLS STREET GREENFIELD,MA 01301	04-2678309	501(C)(3)	84,000				COMMUNITY IMPRV , EDUCATION, GENERAL HEALTH
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM INCPO BOX 172 GREENFIELD,MA 01301	22-3027098	501(C)(3)	5,600				GENERAL HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN COUNTY DIALSELF INC196 FEDERAL STREET GREENFIELD, MA 01301	04-2619617	501(C)(3)	16,000				HUMAN SERVICES, YOUTH DEVELOPMNT
FRANKLIN COUNTY HOME CARE CORPORATION330 MONTAGUE CITY ROAD SUITE 1 TURNERS FALLS, MA 013762530	04-2542539	501(C)(3)	10,000				HUMAN SERVICES
FRANKLIN LAND TRUST INC679A MOHAWK TRAIL SHELBURNE FALLS, MA 01370	22-2744488	501(C)(3)	15,750				ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PIERCE UNIVERSITY40 UNIVERSITY DRIVE RINDGE, NH 034610060	02-0263136	501(C)(3)	25,000				COLLEGE/UNIV
FREEDOM WRITERS FOUNDATIONPO BOX 41505 LONG BEACH, CA 90853	04-3678807	501(C)(3)	5,000				EDUCATION
FRIENDS OF CHILDREN INC245 RUSSELL STREET 22 HADLEY, MA 01035	22-2952288	501(C)(3)	9,800				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF EASTHAMPTON COUNCIL ON AGING19 UNION STREET EASTHAMPTON,MA 01027	04-3262569	501(C)(3)	10,000				ELDERLY
FRIENDS OF GRANDMOTHER'S GARDEN INCPO BOX 1432 WESTFIELD,MA 010861432	04-3267287	501(C)(3)	16,300				ENVIRONMENTAL
FRIENDS OF THE HILLTOWN COOPERATIVE CHARTER SCHOOL INCPO BOX 338 HAYDENVILLE,MA 01038	04-3253250	501(C)(3)	5,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE HOMELESS INC755 WORTHINGTON STREET SPRINGFIELD,MA 01105	22-2786732	501(C)(3)	19,300				FOOD & NUTRITION, HUMAN SERVICES
GIRLS INCORPORATED OF HOLYOKE6 OPEN SQUARE WAY HOLYOKE,MA 01041	04-2748244	501(C)(3)	12,490				YOUTH DEVELOPMNT
GLENMEADOW INC24 TABOR CROSSING LONGMEADOW,MA 01106	04-2105937	501(C)(3)	9,600				ELDERLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAY HOUSE INC22 SHELDON STREET SPRINGFIELD,MA 01107	04-2783515	501(C)(3)	30,000				HUMAN SERVICES
GREATER SPRINGFIELD SENIOR SERVICES INC66 INDUSTRY AVENUE SPRINGFIELD,MA 011043287	04-2510895	501(C)(3)	13,100				HUMAN SERVICES
GREEK ORTHODOX CHURCH OF ST LUKE400 PROSPECT STREET EAST LONGMEADOW,MA 01028	04-2620669	501(C)(3)	6,000				RELIGIOUS/CHURCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENFIELD COMMUNITY COLLEGE FOUNDATION INC270 MAIN STREET GREENFIELD,MA 013019922	04-2449856	501(C)(3)	66,200				EDUCATION
GROW FOOD NORTHAMPTON245 MAIN STREET NORTHAMPTON,MA 01060	01-0959428	501(C)(3)	5,000				FOOD & NUTRITION
GROW FOOD NORTHAMPTONPO BOX 849 NORTHAMPTON,MA 01061	01-0959428	501(C)(3)	6,000				GENERAL HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPSHIRE COMMUNITY UNITED WAY71 KING STREET NORTHAMPTON, MA 01061	04-2104792	501(C)(3)	15,200				HUMAN SERVICES, COMMUNITY IMPRV
HATFIELD FOUNDATION FOR THE ENHANCEMENT OF EDUCATION INCPO BOX 702 HATFIELD,MA 01038	04-3123999	501(C)(3)	12,295				EDUCATION
HAZELDENPO BOX 11 BC2 CENTER CITY,MN 55012	41-0682405	501(C)(3)	5,000				GENERAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEATH AGRICULTURAL SOCIETY INC21 9 ROAD HEATH,MA 01346	04-2607187	501(C)5 LA	14,850				ANIMAL RELATED
HILLTOWN COOPERATIVE CHARTER PUBLIC SCHOOL 1 INDUSTRIAL PARKWAY EASTHAMPTON,MA 01027	04-3283157	501(C)(3)	81,670				EDUCATION
HILLTOWN LAND TRUST INC332 BULLITT ROAD ASHFIELD,MA 01330	22-2831145	501(C)(3)	20,000				ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HITCHCOCK CENTER INC 525 SOUTH PLEASANT STREET AMHERST, MA 01002	04-2487748	501(C)(3)	47,900				ENVIRONMENTAL, HUMAN SERVICES
HOLYOKE CATHOLIC HIGH SCHOOL BUSINESS OFFICE CHICOPEE, MA 01013	04-2315532	501(C)(3)	21,200				PRIVATE SCHOOL
HOLYOKE COMMUNITY COLLEGE FOUNDATION IN HOLYOKE COMMUNITY COLLEGE HOLYOKE, MA 01040	23-7181691	501(C)(3)	12,050				EDUCATION, COLLEGE/UNIV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLYOKE PUBLIC LIBRARY CORP335 MAPLE STREET HOLYOKE,MA 01040	04-6002895	501(C)(3)	6,300				EDUCATION
HOLYOKE YOUNG MEN'S CHRISTIAN ASSOCIATION INC171 PINE STREET HOLYOKE,MA 01040	04-2192693	501(C)(3)	9,800				HUMAN SERVICES, GENERAL HEALTH, YOUTH DEVELOPMNT
HOPE FOR BEREAVED INC 4500 ONONDAGA BLVD SYRACUSE,NY 13219	16-1370553	501(C)(3)	5,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF FRANKLIN COUNTY INC329 CONWAY STREET SUITE 2 GREENFIELD, MA 01301	20-1611913	501(C)(3)	10,000				GENERAL HEALTH
IT TAKES A COMMUNITY FOUNDATIONPO BOX 1578 GREENFIELD, MA 01302	27-1677945	501(C)(3)	5,000				YOUTH DEVELOPMENT
JEWISH COMMUNITY FOUNDATION OF GREATER KANSAS CITY5801 WEST 115TH STREET SUITE 104 OVERLAND PARK, KS 66211	43-6049281	501(C)(3)	13,431				NON CLASSIFIABLE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF WESTERN MASSACHUSETTS INC1160 DICKINSON STREET SPRINGFIELD,MA 01108	04-2127023	501(C)(3)	24,300				RELIGIOUS/CHURCH, FOOD & NUTRITION
JEWISH GERIATRIC SERVICES INC770 CONVERSE STREET LONGMEADOW,MA 01106	04-2129128	501(C)(3)	50,400				ELDERLY
JOHNSON MEMORIAL HOSPITALC/O DEVELOPMENT DEPARTMENT STAFFORD SPRINGS,CT 06076	06-0646696	501(C)(3)	5,500				GENERAL HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KESTREL LAND TRUSTPO BOX 1016 AMHERST,MA 01004	04-6243236	501(C)(3)	72,028				ENVIRONMENTAL, HISTORICAL PRES
L JOHN SCHINELLI RENAL ASSISTANCE FUND INC C/O DEE SERVICES AGAWAM,MA 010010461	20-0995155	501(C)(3)	10,000				GENERAL HEALTH
LAKE SUNAPEE PROTECTIVE ASSOCIATION63 MAIN STREET SUNAPEE,NH 03782	02-6011969	501(C)(3)	5,000				ENVIRONMENTAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEVERETT CRAFTSMEN & ARTISTS INCORPORATED 13 MONTAGUE ROAD LEVERETT, MA 01054	04-2423554	501(C)(3)	6,000				ARTS & CULTURE
LILLY LIBRARY ASSOCIATION 19 MEADOW STREET FLORENCE, MA 01062	04-2116611	501(C)(3)	6,260				LIBRARY
MAINE MARITIME MUSEUM 243 WASHINGTON STREET BATH, ME 04530	01-0271477	501(C)(3)	10,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE PUBLIC BROADCASTING CORPORATION1450 LISBON STREET LEWISTON, ME 04240	22-3171529	501(C)(3)	10,000				EDUCATION
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN,MA 01773	04-2104702	501(C)(3)	11,564				ENVIRONMENTAL
MASSACHUSETTS FOUNDATION FOR THE HUMANITIES66 BRIDGE STREET NORTHAMPTON,MA 01060	22-2504778	501(C)(3)	13,000				HUMAN SERVICES, ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL100 CAMBRIDGE STREET BOSTON,MA 02114	04-1564655	501(C)(3)	10,200				GENERAL HEALTH
MERCY HOSPITAL INC271 CAREW STREET SPRINGFIELD,MA 011029012	04-3398280	501(C)(3)	5,000				GENERAL HEALTH
MICHAEL E SMITH ENDOWMENT FOR EXCELLENCE IN EDUCATION1 SILVERWOOD TERRACE SOUTH HADLEY,MA 01075	04-3558819	501(C)(3)	20,000				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTAGUE CATHOLIC SOCIAL MINISTRIES INC 41-43 THIRD STREET TURNERS FALLS, MA 01376	04-3274078	501(C)(3)	24,000				EDUCATION
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF CT & WMA INC 820A PROSPECT HILL ROAD WINDSOR,CT 06095	14-1937658	501(C)(3)	22,100				CIVIL RIGHTS, EDUCATION, YOUTH DEVELOPMNT
NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION INC520 8TH AVENUE SUITE 302 NEW YORK,NY 10018	13-6161108	501(C)(3)	21,000				ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY CONNECTICUT CHAPTER 659 TOWER AVENUE FIRST FLOOR HARTFORD,CT 06112	53-0237585	501(C)(3)	5,000				GENERAL HEALTH
NEW ENGLAND PUBLIC RADIO FOUNDATION INC 1525 MAIN STREET SPRINGFIELD,MA 011031413	04-6130523	501(C)(3)	58,520				ARTS & CULTURE
NEW ENGLAND PUBLIC RADIO FOUNDATION INC HAMPSHIRE HOUSE AMHERST,MA 010039257	04-6130523	501(C)(3)	15,450				ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW SPIRIT INC40 RIVERVIEW TERRACE SPRINGFIELD,MA 011081629	04-3232718	501(C)(3)	5,500				RELIGIOUS/CHURCH
NOBLE HEALTH SYSTEMS INC115 WEST SILVER STREET WESTFIELD,MA 010860870	22-2909354	501(C)(91)	29,000				GENERAL HEALTH
NOFIRES INCPO BOX 241 EASTHAMPTON,MA 01027	45-5033248	501(C)(3)	8,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHAMPTON ACADEMY OF MUSIC INC274 MAIN STREET NORTHAMPTON,MA 01060	04-2266004	501(C)(3)	8,350				ARTS & CULTURE
NORTHAMPTON EDUCATION FOUNDATION INCPO BOX 44 NORTHAMPTON,MA 01061	04-3157289	501(C)(3)	51,500				EDUCATION
NORTHAMPTON YOUTH AND COMMUNITY ROWING INCPO BOX 1553 NORTHAMPTON,MA 01061	04-3532936	501(C)(3)	6,000				RECREATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST CENTER FOR YOUTH AND FAMILIES203 EAST STREET EASTHAMPTON,MA 01027	04-2680339	501(C)(3)	25,000				GENERAL HEALTH
NORTHFIELD MOUNT HERMON SCHOOLONE LAMPLIGHTER WAY MOUNT HERMON,MA 01354	04-2109865	501(C)(3)	12,500				EDUCATION
NORTHWESTERN CHILDREN'S ADVOCACY PROJECT INCPO BOX 1247 EASTHAMPTON,MA 01027	04-3457848	501(C)(3)	22,200				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN FIELD FOUNDATION BRAMBLE HILL FARM593 SOUTH PLEASANT STREET AMHERST,MA 01002	04-3313646	501(C)(3)	8,000				FOOD & NUTRITION
OUT NOW INCPO BOX 5321 SPRINGFIELD,MA 01101	04-3441348	501(C)(3)	12,000				HUMAN SERVICES
OXFAM-AMERICA INC226 CAUSEWAY STREET 5TH FLR BOSTON,MA 021142206	23-7069110	501(C)(3)	47,700				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARIS PRESS INCPO BOX 487 ASHFIELD,MA 01330	04-3302441	501(C)(3)	13,000				ARTS & CULTURE
PATHFINDER INTERNATIONALATTN DEVELOPMENT DEPT WATERTOWN,MA 02472	53-0235320	501(C)(3)	25,000				GENERAL HEALTH
PAUL TAYLOR DANCE FOUNDATION INC551 GRAND STREET NEWYORK,NY 10012	13-2665475	501(C)(3)	10,000				ARTS & CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE DEVELOPMENT FUND INC44 NORTH PROSPECT STREET AMHERST,MA 010041280	04-2738794	501(C)(3)	12,000				COMMUNITY IMPRV
PIONEER VALLEY CHRISTIAN ACADEMY965 PLUMTREE ROAD SPRINGFIELD,MA 01119	04-2502941	501(C)(3)	5,850				EDUCATION
PIONEER VALLEY HABITAT FOR HUMANITY140 PINE STREET ROOM 9 FLORENCE,MA 010620642	04-3049506	501(C)(3)	8,000				HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER VALLEY RIVERFRONT CLUB INCPO BOX 60762 LONGMEADOW, MA 01116	26-0251831	501(C)(3)	7,500				RECREATION
PIONEER VALLEY SYMPHONY INC91 MAIN STREET GREENFIELD, MA 01301	04-6111759	501(C)(3)	6,125				ARTS & CULTURE
PROJECT HEAL3818 WEST DRIVE DOUGLASTON, NY 11363	26-2614278	501(C)(3)	11,000				GENERAL HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUABBIN MEDIATION INC 13 SOUTH MAIN STREET ORANGE, MA 01364	04-3429086	501(C)(3)	6,700				EDUCATION
QUEENS COLLEGE FOUNDATION65-30 KISSENA BOULEVARD FLUSHING, NY 11367	11-6080521	501(C)(3)	30,000				COLLEGE/UNIV
QUINNIPIAC UNIVERSITY OFFICE OF DEVELOPMENT AH-DVP HAMDEN, CT 06518	06-0646701	501(C)(3)	20,000				COLLEGE/UNIV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAR-MA INCDBA RAISING A READER BOSTON,MA 02108	80-0297898	501(C)(3)	10,000				EDUCATION
RAZOO FOUNDATION1020 19TH STREET NW WASHINGTON,DC 20036	27-2499903		50,000				NON CLASSIFIABLE
REBUILDING TOGETHER SPRINGFIELD INC COLONIAL BLOCK BUILDING SPRINGFIELD,MA 01103	04-3172737	501(C)(3)	6,250				COMMUNITY IMPRV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL EMPLOYMENT BOARD OF HAMPDEN COUNTY INCCHAMBER OF COMMERCE SPRINGFIELD,MA 01103	22-2489896	501(C)(3)	102,500				EMPLOYMENT, COMMUNITY IMPRV , EDUCATION
ROMAN CATHOLIC DIOCESE OF SPRINGFIELD 65 ELLIOT STREET SPRINGFIELD,MA 011011730	04-3437398	501(C)(3)	67,400				RELIGIOUS/CHURCH
RONALD MCDONALD HOUSE OF SPRINGFIELD MASS INC34 CHAPIN TERRACE SPRINGFIELD,MA 01107	04-2971480	501(C)(3)	6,520				HUMAN SERVICES, FOOD & NUTRITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH COLLEGE CORPINSTITUTIONAL ADVANCEMENT WEST HARTFORD, CT 06117	06-0646829	501(C)(3)	7,000				COLLEGE/UNIV
SHRINERS HOSPITALS FOR CHILDRENPO BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	11,357				GENERAL HEALTH
SIBLING CONNECTIONS INCPO BOX 441952 SOMERVILLE,MA 02144	26-1519159	501(C)(3)	5,700				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH VOCATIONAL AND AGRICULTURAL HIGH SCHOOL80 LOCUST STREET NORTHAMPTON,MA 01060	04-6001406	501(C)(3)	8,100				PUBLIC SCHOOL
SOLDIER ON INC421 NORTH MAIN STREET BUILDING 6 LEEDS,MA 01053	04-3240461	501(C)(3)	15,200				HOUSING
SPIRIT IN ACTION21 WILBRAHAM STREET PALMER,MA 010699685	38-3655028	501(C)(3)	50,000				COMMUNITY IMPRV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD BOYS & GIRLS CLUB INC481 CAREW STREET SPRINGFIELD, MA 01104	04-1858620	501(C)(3)	19,700				YOUTH DEVELOPMNT, HUMAN SERVICES
SPRINGFIELD COLLEGE263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	85,762				EDUCATION
SPRINGFIELD DAY NURSERY CORPORATION DBA SQUARE ONE SPRINGFIELD, MA 01105	04-2103855	501(C)(3)	5,500				EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD LIBRARY AND MUSEUMS ASSOCIATION21 EDWARDS STREET SPRINGFIELD,MA 01103	04-6002239	501(C)(3)	9,700				ARTS & CULTURE, NON CLASSIFIABLE, HISTORICAL PRES
SPRINGFIELD LIBRARY FOUNDATION INC36 COURT STREET SPRINGFIELD,MA 01103	20-1207636	501(C)(3)	10,000				EDUCATION
SPRINGFIELD MUSEUMS CORPORATION21 EDWARDS STREET SPRINGFIELD,MA 01103	04-6002239	501(C)(3)	27,815				HISTORICAL PRES , LIBRARY, ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD RESCUE MISSION INCPO BOX 9045 SPRINGFIELD,MA 01102	52-1047790	501(C)(3)	13,832				RELIGIOUS/CHURCH, HUMAN SERVICES
SPRINGFIELD SCHOOL VOLUNTEERS INC1550 MAIN STREET THIRD FLOOR SPRINGFIELD,MA 01103	04-2643527	501(C)(3)	23,600				EDUCATION, ARTS & CULTURE
SPRINGFIELD SYMPHONY ORCHESTRA1350 MAIN STREET SUITE 12 SPRINGFIELD,MA 01103	04-2210746	501(C)(3)	45,265				ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON PARISH3 ELM STREET NORTHAMPTON, MA 01060	04-2130854	501(C)(3)	5,560				RELIGIOUS/CHURCH
ST JOHN'S EPISCOPAL CHURCH48 ELM STREET NORTHAMPTON, MA 01060		501(C)(3)	20,000				RELIGIOUS/CHURCH
ST JOHN'S LUTHERAN CHURCH60 BROAD STREET WESTFIELD,MA 01085	04-2381428	501(C)(3)	22,813				RELIGIOUS/CHURCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PATRICK PARISH30 MAIN STREET SOUTH HADLEY,MA 01075	04-2106777	501(C)(3)	5,000				RELIGIOUS/CHURCH
ST PAUL LUTHERAN CHURCH181 ELM STREET EAST LONGMEADOW,MA 01028		501(C)(3)	6,875				RELIGIOUS/CHURCH
ST STANISLAUS BASILICA 566 FRONT STREET CHICOPEE,MA 01013		501(C)(3)	20,000				RELIGIOUS/CHURCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST STANISLAUS SCHOOL 534 FRONT STREET CHICOPEE, MA 01013	04-2111408	501(C)(3)	42,600				PRIVATE SCHOOL
STAND FOR CHILDREN LEADERSHIP CENTER77 RUMFORD AVENUE WALTHAM, MA 02453	52-1957214	501(C)(3)	9,700				EDUCATION
STANLEY PARK OF WESTFIELD INCPO BOX 1191 WESTFIELD, MA 01085	04-2131404	501(C)(3)	14,357				ENVIRONMENTAL, ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM JESSICA INC51 WEST STREET BELCHERTOWN,MA 01007	46-0837623	501(C)(3)	25,000				HUMAN SERVICES
TECH FOUNDRY INC1391 MAIN STREET 9TH FLOOR SPRINGFIELD,MA 01103	46-4389001	501(C)(3)	54,500				EDUCATION
THE ASSOCIATION FOR COMMUNITY LIVING INC 220 BROOKDALE DRIVE SPRINGFIELD,MA 01104	04-2210685	501(C)(3)	30,217				HUMAN SERVICES, COMMUNITY IMPRV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD BANK OF WESTERN MASSACHUSETTS INC97 NORTH HATFIELD ROAD HATFIELD,MA 010380160	04-2751023	501(C)(3)	116,000				FOOD & NUTRITION
THE LITERACY PROJECT INC15 BANK ROW SUITE C GREENFIELD,MA 013013566	04-2907399	501(C)(3)	27,600				EDUCATION
THE MAHAIWE PERFORMING ARTS CENTERPO BOX 690 GREAT BARRINGTON,MA 01230	57-1140453	501(C)(3)	10,000				ARTS & CULTURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NOLUMBEKA PROJECT 88 COLUMBUS AVENUE GREENFIELD,MA 01301	26-4509867	501(C)(3)	7,800				EDUCATION
THE PARENT-CHILD HOME PROGRAM INC1415 KELLUM PLACE SUITE 101 GARDEN CITY,NY 11530	11-2495601	501(C)(3)	75,000				EDUCATION
THE PRINCESS BALLPO BOX 748 RIDGEFIELD,CT 06877	03-0456008	501(C)(3)	10,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - GREENFIELD CORPS72 CHAPMAN STREET GREENFIELD,MA 01301	22-2406433	501(C)(3)	10,000				HUMAN SERVICES
THE SHRINERS HOSPITAL FOR CHILDREN - SPRINGFIELD516 CAREW STREET SPRINGFIELD,MA 011042396	04-2121377	501(C)(3)	7,645				YOUTH DEVELOPMNT
THIRD SECTOR NEW ENGLAND INC89 SOUTH STREET SUITE 700 BOSTON,MA 02111	04-2261109	501(C)(3)	18,800				COMMUNITY IMPRV , FOOD & NUTRITION, GENERAL HEALTH, HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TILTON FUND INC75 NORTH MAIN STREET SOUTH DEERFIELD, MA 01373	04-6075146	501(C)(3)	15,000				LIBRARY
TOWN OF AGAWAM36 MAIN STREET AGAWAM, MA 01001	04-6001065	501(C)(3)	11,357				HUMAN SERVICES
TREEHOUSE FOUNDATION INCONE TREEHOUSE CIRCLE EASTHAMPTON, MA 01027	22-3848537	501(C)(3)	9,100				YOUTH DEVELOPMNT, HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF MOUNT HOLYOKE COLLEGE50 COLLEGE STREET SOUTH HADLEY, MA 01075	04-2103578	501(C)(3)	21,950				COLLEGE/UNIV
TRUSTEES OF RESERVATIONSC/O LONG HILL BEVERLY, MA 019151530	04-2105780	501(C)(3)	14,725				ENVIRONMENTAL
TRUSTEES OF THE SMITH COLLEGECOLLEGE HALL 201 NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	5,600				COLLEGE/UNIV

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF WESTMINSTER SCHOOL INC995 HOPMEADOW STREET SIMSBURY,CT 06070	06-0646960	501(C)(3)	31,100				PRIVATE SCHOOL
UNITARIAN UNIVERSALIST ROWE CAMP & CONFERENCE CENTER22 KINGS HIGHWAY ROAD ROWE,MA 01367	04-2162408	501(C)(3)	7,000				HUMAN SERVICES
UNITED ARC OF FRANKLIN AND HAMPSHIRE COUNTIES INC294 AVENUE A TURNERS FALLS,MA 01376	04-2267562	501(C)(3)	5,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF FRANKLIN COUNTY INC51 DAVIS STREET 2 GREENFIELD,MA 01301	04-2212894	501(C)(3)	30,000				HUMAN SERVICES
UNITED WAY OF MARTIN COUNTY INC10 SE CENTRAL PARKWAY SUITE 101 STUART,FL 34995	23-7273540	501(C)(3)	10,000				HUMAN SERVICES
UNIVERSITY OF MASSACHUSETTS FOUNDATION INC225 FRANKLIN STREET 33RD FLOOR BOSTON,MA 02110	04-6013152	501(C)(3)	15,000				HUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF SPRINGFIELD INC1 FEDERAL STREET SPRINGFIELD,MA 01105	04-2133248	501(C)(3)	27,150				COMMUNITY IMPRV , HUMAN SERVICES
VALLEY COMMUNITY DEVELOPMENT CORPORATION30 MARKET STREET NORTHAMPTON,MA 01060	22-2906466	501(C)(3)	6,500				COMMUNITY IMPRV
VALLEY VENTURE MENTORING SERVICE INC 1500 MAIN STREET SPRINGFIELD,MA 01115	04-3268603	501(C)(3)	52,000				COMMUNITY IMPRV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN J PLAUT CHARITABLE TRUST640 PAGE BOULEVARD SPRINGFIELD,MA 01104	04-6609717	501(C)(3)	23,100				CIVIL RIGHTS
WEST CUMMINGTON CONGREGATIONAL CHURCH27 WEST MAIN STREET CUMMINGTON,MA 01026	90-0141066	501(C)(3)	8,000				RELIGIOUS/CHURCH
WESTERN MASSACHUSETTS COUNCIL INC BOY SCOUTS OF AMERICA1 ARCH ROAD WESTFIELD,MA 01085	04-2104279	501(C)(3)	12,160				YOUTH DEVELOPMNT, HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTFIELD ATHENAEUM6 ELM STREET WESTFIELD,MA 01085	04-6004372	501(C)(3)	18,100				LIBRARY
WGBH EDUCATIONAL FOUNDATIONWGBY CHANNEL 57 SPRINGFIELD,MA 01103	04-2104397	501(C)(3)	42,994				EDUCATION
WILBRAHAM & MONSON ACADEMY423 MAIN STREET WILBRAHAM,MA 010951715	04-2105838	501(C)(3)	5,600				EMPLOYMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAMSBURG SCHOOLS PARENT TEACHER ORGANIZATION INCONE PETTICOAT HILL ROAD WILLIAMSBURG,MA 01096	36-4629441	501(C)(3)	7,000				EDUCATION
WOMEN'S FUND OF WESTERN MASSACHUSETTS EASTWORKS BUILDING EASTHAMPTON,MA 01027	04-3342411	501(C)(3)	35,600				COMMUNITY IMPRV
WOMEN'S INSTITUTE FOR LEADERSHIP DEVELOPMENT INC33 HARRISON AVE 4TH FLOOR BOSTON,MA 02111	04-3132500	501(C)(3)	7,500				COMMUNITY IMPRV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XAVERIAN BROTHERS HIGH SCHOOL800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	04-2314036	501(C)(3)	5,000				PRIVATE SCHOOL
YMCA OF GREATER SPRINGFIELD275 CHESTNUT STREET SUITE 1 SPRINGFIELD, MA 01104	04-1859893	501(C)(3)	15,565				HUMAN SERVICES
YOUNG MEN'S CHRISTIAN ASSOCIATION BOOTHBAY REGION261 TOWNSEND AVENUE BOOTHBAY HARBOR, ME 045380500	01-0237912	501(C)(3)	5,000				HUMAN SERVICES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number
22-3089640

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHARINE ALLAN ZOBEL, PRESIDENT	(i)	152,364	0	0	13,855	765	166,984	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number
22-3089640

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	43	1,440,457	STOCK MARKET QUOTATIONS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

2014

Open to Public Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number

22-3089640

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL TRUSTEES AND STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT THESE STATEMENTS ARE REVIEWED AND MONITORED WITH REGARD TO ANY VOTE BY THE TRUSTEES
FORM 990, PART VI, SECTION B, LINE 15A	PRESIDENT/CEO SALARY REVIEW IS CONDUCTED BY THE COMPENSATION COMMITTEE/EXECUTIVE COMMITTEE OF THE TRUSTEES PERFORMANCE REVIEW INCLUDES REVIEW OF GOALS FOR THE YEAR, EVALUATION OF PROGRESS TOWARD THOSE GOALS (NARRATIVE AND METRICS), MOST RECENT FINANCIALS, INTERVIEWS WITH THE SENIOR TEAM, COMPENSATION REVIEW AS WELL AS COMPARATIVE INFORMATION FROM THE COUNCIL ON FOUNDATIONS, ASSOCIATED GRANT MAKERS AND THE EMPLOYERS' ASSOCIATION OF NEW ENGLAND EXECUTIVE COMMITTEE PRESENTS TO THE FULL TRUSTEES FOR DISCUSSION AND VOTE IN EXECUTIVE SESSION THIS PROCESS WAS MOST RECENTLY COMPLETED IN MARCH 2015
FORM 990, PART VI, SECTION C, LINE 19	SUMMARY FINANCIAL INFORMATION IS AVAILABLE IN THE FOUNDATION'S ANNUAL REPORT WHICH IS IN PRINT AND AVAILABLE ON THE WEBSITE THE FORM 990 IS AVAILABLE ON THE WEBSITE ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST
PART XII LINE 2C	THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS

Employer identification number
22-3089640

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUNDATION OF WESTERN MASS LLC 1500 MAIN STREET SUITE 2300 SPRINGFIELD, MA 01115	VEHICLE TO HOLD REAL ESTATE	DE	0	0	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------